

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2003 - JUNE 30, 2004**

**COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS**

2004 JUL 14 PM 4:10

THOMAS J. PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHSA

Division/Unit: Adult Mental Health/SDCPH

2. VOLUNTEER PROGRAM BENEFITS:

- a. **GENERAL VOLUNTEERS** (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	<u>9</u>	Hours	<u>287.50</u>	x	\$ <u>17.19</u>	=	<u>4,942.13</u>
----------	----------	-------	---------------	---	-----------------	---	-----------------

Types of work performed by GENERAL VOLUNTEERS in this category:
Assist therapists with patient groups/activities; Socialize/support patients during non-group times; assist psychiatrists with data collection (rare); provide Vesper church services on Sunday afternoons; provide Animal-Assisted-Activities for patients, i.e. Humane Society of SD, individual pet therapy dog visits.

- b. **INSTITUTIONAL VOLUNTEERS** (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	<u>N/A</u>	Hours	<u> </u>	x	\$ <u>17.19</u>	=	<u> </u>
----------	------------	-------	-------------------	---	-----------------	---	-------------------

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. **SPECIALIZED VOLUNTEERS** (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

Position	Hours	x	VCL	=	Dollar Benefit
<u>N/A</u>	<u> </u>	x	<u> </u>	=	\$ <u> </u>

No. Vol	<u>N/A</u>	Total Hours	<u> </u>	Total Value	\$ <u> </u>
---------	------------	-------------	-------------------	-------------	----------------------

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

0000147

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a:	<u>9</u>	<u>287.50</u>	<u>\$ 4,942.13</u>
2b:	<u>-0-</u>	<u></u>	<u>\$</u>
2c:	<u>-0-</u>	<u></u>	<u>\$</u>

TOTALS:	<u>9</u>	<u>287.50</u>	<u>\$ 4,942.13</u>
---------	----------	---------------	--------------------

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>	<u>Item Donated</u>	<u>Value</u>
<u>N/A</u>	<u>\$</u>	<u></u>	<u>\$</u>
<u></u>	<u>\$</u>	<u></u>	<u>\$</u>

TOTAL VALUE \$ <u>-0-</u>

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours 287.50 x Rate 20.77 = \$ 5,971.38

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours 10 x Rate \$ 23.50 = \$ 235

8410000

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

N/A	Item	Cost

TOTAL OF OTHER PROGRAM COSTS

=

\$ -0-

- d. TOTAL OF VOLUNTEER PROGRAM COST = \$ 6,206.38
(add 4a, 4b, and 4c)

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

- a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 4,942.13
- b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ - 0-
- ADD a + b \$ 4,942.13
- c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$ 6,206.38)

TOTAL PROGRAM BENEFIT

\$ - 1264.25 **

****Our volunteers are in patient groups/activities that the therapist is already scheduled to do. There really isn't any extra, added on time used for their supervision. The hours and cost of direct supervision doesn't accurately reflect this, so the negative balance shown is somewhat irrelevant.**

000000

6. RECRUITING:

Please describe your recruiting programs:

We have no formal or informal recruitment process. We have had interested persons called us for opportunities. Once in the past we had a person ask to volunteer after a site visit from a university.

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

The San Diego Humane Society returned to do monthly visits this fiscal year
Our individual for pet-assisted therapy brought in an additional dog for the 1X/wk visit.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2004-05:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Continue Vesper church services 1X/wk. on Sunday afternoons; Continue Animal-Assisted-Activities 1X/wk (Individual pet-assisted therapy visits) and 1X/mth. (Humane Society); Maintain 1-2 general volunteers to assist therapists with groups and activities for CRU patients.

9. GENERAL INFORMATION:

Name of Person Completing Report: Nancy Bazzetta

Phone Number (619) 692-8241 Mail Stop P533 E-Mail Nancy.Bazzetta@sdcounty.ca.gov

Volunteer Coordinator: Nancy Bazzetta

Phone Number: SAME Mail Stop: SAME E-Mail: SAME

10. DEPARTMENT CERTIFICATION:

Nancy Bazzetta
DEPARTMENT HEAD SIGNATURE

DATE

7-8-04
6/30/04

0000150